



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : D. Amnon Silverstein Art Unit : 2612
Serial No. : 09/484,667 Examiner : Hannett, James M.
Filed : Jan. 18, 2000
Title : POINTING DEVICE FOR DIGITAL CAMERA DISPLAY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Examiner's action dated September 9, 2004, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims that begins on page 2 of this Amendment.

Remarks begin on page 10 of this Amendment.

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03/28/2005 TSTEPTOE 00000014 082025 09484667

01 FC:1251 120.00 DA

12/15/2004 ZJUHR1 00000104 082025 09484667

01 FC:1201 800.00 DA

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on:

December 10, 2004

Date


(Signature of person mailing papers)

Edouard Garcia

(Typed or printed name of person mailing papers)

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): D. Amnon Silverstein

Confirmation No.: 9949

Application No.: 09/484,667

Examiner: Hannett, James M.

Filing Date: Jan. 18, 2000

Group Art Unit: 2612

Title: POINTING DEVICE FOR DIGITAL CAMERA DISPLAY

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment () Petition to extend time to respond
(X) New fee as calculated below () Supplemental Declaration
() No additional fee
() Other: _____ (fee \$ _____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	52	MINUS	52	= 0	X \$18	\$ 0
INDEP. CLAIMS	12	MINUS	8	= 4	X \$88	\$ 352
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$300	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$430.00	3RD MONTH \$980.00	4TH MONTH \$1530.00		\$ 110
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 462

Charge \$ 462 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Respectfully submitted,

D. Amnon Silverstein

By

Edouard Garcia

Attorney/Agent for Applicant(s)
Reg. No. 38,461

Date of Deposit: Dec. 10, 2004

Typed Name: Edouard Garcia

Signature:

Date: Dec. 10, 2004

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/484667

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 52	Minus	** 52	=
	Independent	* 18	Minus	*** 8	= 4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	800
+360=	
TOTAL ADDIT. FEE	121

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	

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